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JF

**** FOREIGN APPLICATIONS *******

JF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	JF	WA	5	14	2

ADDRESS

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TITLE

CONSTRICKTION DEVICE VIEWABLE UNDER X RAY FLUOROSCOPY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

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- 1.18 Fees (Issue)
- Other
- Credit